#### **U.S. Trustee Monthly Operating Report**

Fill in this information	to identify the case:			
Debtor Name:	CCS ASSET MANAGEMENT,	, INC.		Check if this is an
United States Bankruր	otcy court for: WESTERN	District of <b>TEXAS</b>		amended filing.
Case Number:	21-10355			
Official Form 425C				<b></b>
Monthly Operating R	Report for Small Business Under	Chapter 11		
Month:	Sep-21	Date Report Filed:	10/27/2021	D/YYYY
Line of Business:	Real Estate Activities	NAISC Code:	5313	5/1111
	,		•	R PENALTY OF PERJURY THAT I

HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT, AND COMPLETE.

/s/Anthony Sheridan

ORIGINAL SIGNATURE OF RESPONSIBLE PARTY

10/27/2021
DATE REPORT SIGNED

Anthony Sheridan, Vice President

PRINTED NAME OF RESPONSIBLE PARTY AND POSITION WITH THE DEBTOR

1. QUESTIONNAIRE:

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

#### IF YOU ANSWER NO TO ANY QUESITONS IN LINES 1-9, ATTACH AN EXPLANATION

	<u>AND LABEL IT <i>EXHIBIT A</i> .</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1	DID THE BUSINESS OPERATE DURING THE ENTIRE REPORTING PERIOD?	Х		
2	DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	Х		
3	HAVE YOU PAD ALL OF YOUR BILLS ON TIME	Х		
4	DID YOU PAY YOUR EMPLOYEES ON TIME?	Х		
5	HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO DEBTOR IN POSSESSION (DIP) ACCOUNTS?	Х		
6				
	HAVE YOU TIMELY FILED YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES?		X	
7	HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	Х		
8	ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENTS TO THE U.S.			
	TRUSTEE OR BANKRUPTCY ADMINISTRATOR?	X		
9	HAVE YOU TIMELY PAID ALL OF YOUR INSURANCE PREMIUMS?	Х		

<u>IF \</u>	IF YOU ANSWER YES TO ANY OF THE QUESTIONS IN LINES 10-18, ATTACH AN EXPLANATION AND LABEL ITEXHIBIT B.					
		<u>YES</u>	<u>NO</u>	N/A		
10	DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	Х				
11	HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY?		Х			
12	HAVE YOU SOLD OR TRANSFERRED ANY ASSETS OR PROVIDED SERVICES TO					
	ANYONE RELATED TO THE DIP IN ANY WAY?		Х			
13	_ DID ANY INSURANCE COMPANY CANCEL YOUR POLICY?		Х			
14	DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES?		Х			
15	HAVE YOU BORROWED MONEY FROM ANYONE OR HAS ANYONE MADE ANY					
	PAYMENTS ON YOUR BEHALF?		X			
16	HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS?		Х			
17	HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?		X			
18	HAVE YOU ALLOWED ANY CHECKS TO CLEAR THE BANK THAT WERE ISSUED					
	BEFORE YOU FILED BANKRUPTCY?		Х			

#### 2. SUMMARY OF CASH ACTIVITY FOR ALL ACCOUNTS

#### 19 Total opening balance of all accounts

\$67,360.15

This amount must equal what you reported as cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

#### 20 Total Cash Receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from Exhibit C here.

\$6,030.74

#### 21 Total Cash Disbursements

Attach a listing of all payments you made in the month and label it  $Exhibit \, D$ . List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of  $Exhibit \, D$ .

Report the total from Exhibit D here.

\$1,950.06

#### 22 Net Cash Flow

\$4,080.68

Subtract line 21 from 20 and report the result here. This amount may be different from what you may have calculated as net profit.

#### 23 Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

\$71,440.83

Report this figure as the cash on hand at the beginning of the month on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

#### 3. UNPAID BILLS

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it Exhibit E. Include the date the debt was incurred, who is owed the money, the purspose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

\$0.00 24 **Total Payables** 

(Exhibit E)

#### MONEY OWED TO YOU

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it Exhibit F. Identify who owes you money, how much is owed, and when payment is due. REport the total from Exhibit F here.

25 **Total Receivables** 

(Exhibit F)

5. EMPL	OYEES	
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- 26 What was the number of employees when the case was filed?
- 27 What is the number of employees as of the date of this report?

PROFESSIONAL FEES

29

28 How much have you paid this month in professional fees related to this bankruptcy case?

How much in professional fees related to this bankruptcy case since the case was filed?

30 How much have you paid this month in other professional fees?

31 How much have you paid in total other professional fees since filing this case?

0

\$153,833.75

\$0.00

\$0.00

\$0.00

\$0.00

7. PROJECTIONS
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Compare your actual cash receipts and disburesements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

		Column A	i	Column B		Column C
		Projected Copy lines 35-37 from the previous month's report.		Actual Copy lines 20-22 of this report.		Difference Subtract Column B from Column A.
32	Cash Receipts	\$8,000.00	-	\$6,030.75	=	\$1,969.25
33	Cash Disbursements	\$3,000.00	-	\$1,950.06	=	\$1,049.94
34	Net Cash Flow	\$5,000.00	-	\$4,080.69	=	\$919.31
35	Total projected cash rec	eipts for the next month:				\$8,000.00
36	Total projected cash disbursements for the next month: \$3,000					\$3,000.00
37	Total projected net cash	flow for the next month:				\$5,000.00

(IF ACTUAL CASH PROFIT WAS 90% OR LESS THAN PROJECTED CASH PROFIT, PLEASE INCLUDE A DETAILED WRITTEN EXPLANATION.)

#### 8. ADDITIONAL INFORMATION

If available, check the box to the left and attach copies of the following documents.

38 Bank statements for each open account (redact all but the last 4 digits of the account numbers.

39 Bank reconciliation reports for each account including list of outstanding checks.

40 X Financial reports such as an income statement (profit/loss), balance sheet, and cash flow stmt

41 Budget, projection, or forecast reports.

42 Project, job costing, or work-in-progress reports.

#### **RECONCILIATION OF CASH DISBURSEMENTS**

CASH DISBURSEMENTS PER FORM 4A-2
CASH DISBURSEMENTS PER SUM OF FORM 4A-3
CASH DISBURSEMENTS PER FORM 4D

1,950.06 1,950.06

1,950.06

#### **EXHIBIT A AND B TO MONTHLY OPERATING REPORT FOR AUGUST 2021**

#### Question 6: Have you timely filed your tax returns and paid all of your taxes?

The Debtor filed a motion to employ a tax accountant [ECF No. 75] that was granted on September 27, 2021 [ECF No. 87]. Pursuant to such order, the Debtor has retained Gray & Associates, CPA to prepare and file its tax returns. The Debtor does not anticipate any tax liability.

#### Question 10: Do you have any bank accounts open other than the DIP Account?

The Receiver's account contains property of the estate that has not yet been provided to the Debtor as debtor-in-possession pursuant to Bankruptcy Code 543. The Debtor and the Trustee have submitted an agreed order providing that the Receiver will continue to hold rent and other proceeds from the Cameron Road Property.

#### **EXHIBIT F TO MONTHLY OPERATING REPORT FOR AUGUST 2021**

#### Estimated\* Prepetition Accounts Receivable:

Party	Date	Amount
LJA Ventures, Inc. (Bar)	10/2020	\$9,839.59
	11/2020	\$12,839.59
	12/2020	\$9,839.59
	01/2021	\$12,839.59
	02/2021	\$12,839.59
	03/2021	\$12,839.59
	04/2021	\$12,839.59
AAB, Inc (Barbershop)	10/2020	\$1,897.91
	11/2020	\$1,797.91
	12/2020	\$3,397.91
	01/2021	\$3,397.91
	02/2021	\$3,397.91
	04/2021	\$1,869.12

#### Estimated\* Postpetition Accounts Receivable:

Party	Date	Amount
LJA Ventures, Inc.	05/2021	\$12,839.59
	06/2021	\$839.59
	07/2021	\$12,839.59
	08/2021	\$12,839.59
	09/2021	\$12,839.59
AAB, Inc (Barbershop)	09/2021	\$2,000.00

<sup>\*</sup>In light of the Receiver's collection of rent and potential authority pre-petition to contract with respect thereto (including the Receiver's potential accommodation of tenant's financial difficulties faced by tenants due to COVID-19 and the Receiver's dual role as Receiver of the Cameron Road Property and Midtown Live) the precise amounts are uncertain. The Debtor discloses these amounts based on the information available. The Debtor (a) reserves all rights and waives none, (b) acknowledges that the amounts indicated may be disputed, and (c) does not assert that the amounts indicated are collectable. Additionally, the Debtor has notes receivable in the face amount of \$250,000 the collection of which is doubtful.

ANTHONY LEE ICENOGLE

#### \*RECIEVER ACCOUNT\*

Account Number:

9227

CH	<b>ECKING S</b>	UMMARY

 Beginning Balance
 \$62,940.32

 Deposits and Additions
 6,030.74

 Checks Paid
 -1,821.44

 Ending Balance
 \$67,149.62

DEPOSITS		<b>ADDITIONS</b>
DEFUSITS	MINU!	MUDITIONS

DATE	DESCRIPTION		AMOUNT
09/10	Drs. White Mason Sender	PPD ID: S941687665	\$1,500.00
09/14	Drs. White Mason Sender	PPD ID: S941687665	1,500.00
09/22	Drs. White Mason Sender	PPD ID: S941687665	1,500.00
09/29	Drs. White Mason Sender	PPD ID: S941687665	1,530.74

**Total Deposits and Additions** 

\$6,030.74

### **CHECKS PAID**

CHECK NO.	DESCRIPTION				DATE PAID	AMOUNT
4543	Check # 4543	Travelers	Checkpymt	Arc ID: 8889101326	09/08	\$1,126.80
4544 ^					09/10	694.64

Total Checks Paid \$1,821.44

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

<sup>^</sup> An image of this check may be available for you to view on Chase.com.

CHASE ①

\*DIP ACCOUNT\*

JPMorgan Chase Bank, N.A. P O Box 182051 Columbus, OH 43218 - 2051

September 01, 2021 through September 30, 2021 6720 Account Number:

#### **CUSTOMER SERVICE INFORMATION**

Web site: www.Chase.com 1-877-425-8100 Service Center: Deaf and Hard of Hearing: 1-800-242-7383 Para Espanol: 1-888-622-4273 International Calls: 1-713-262-1679



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### CHECKING SUMMARY

Chase Business Complete Checking

	INSTANCES	AMOUNT
Beginning Balance		\$4,365.83
Electronic Withdrawals	2	-128.62
Ending Balance	2	\$4,237.21

Congratulations, thanks to your qualifying actions, we waived the \$15.00 monthly service fee for this statement period.

Here's how your activity can help you avoid the \$15.00 monthly service fee: the fee is waived if any of the following is achieved over the statement period:

- Minimum Daily Balance<sup>1</sup> of \$2,000.00 or more 08/31/2021 09/29/2021
- Spend at least \$2,000.00 in purchases using your Chase Ink® Business Card(s)<sup>2</sup>
- Accept deposits of \$2,000.00 or more into your Chase Business Complete Checking account through QuickAccept<sup>SM</sup> or other Chase Merchant Services at least one day prior to the last day<sup>3</sup> of your checking account statement period 08/31/2021 - 09/29/2021

Here's a summary of your activity period:

- Minimum Daily Balance<sup>1</sup>: \$4,237.21
- Chase Ink® Business Card(s)2 purchases: \$0.00
- QuickAccept and Chase Merchant Services deposits into your account: \$0.00
- Minimum Daily Balance must be maintained as of the beginning of the day for each day of the statement cycle.
- Based on aggregated spending (minus returns or refunds) where the Chase link Business Card(s) share a business entity legal name with the Chase Business Complete Checking account, using each of their most recently completed monthly card billing period(s). The cutoff time on this business day is 7 a.m. Eastern Time. For example, if your monthly bank account cycle ends on November 30, the cutoff for QuickAccept or other Chase Merchant Services account(s) deposits into your Chase Business Complete Checking account is 7 a.m. Eastern Time on November 29

## **ELECTRONIC WITHDRAWALS**

DATE	DESCRIPTION	AMOUNT
09/01	Orig CO Name:Farmers Ins Exch Orig ID:3432215866 Desc Date:090121 CO Entry Descr:EFT Pymt Sec:CCD Trace#:021000028026316 Eed:210901 Ind ID:F00962249607CCD Ind Name:Ccs Asset Management35 Trn: 2448026316Tc	\$59.62
09/08	Orig CO Name:Gc Plumbing Serv Orig  D:9000585869 Desc Date:090821 CO Entry Descr:Sigonfile Sec:PPD Trace#:081503502996267 Eed:210908 Ind  D: Ind Name:Ccs Asset Management, Trn: 2512996267Tc	69.00

**Total Electronic Withdrawals** 

\$128.62

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September 01, 2021 through September 30, 2021 Account Number: **6720** 

### **DAILY ENDING BALANCE**

 DATE
 AMOUNT

 09/01
 \$4,306.21

 09/08
 4,237.21

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

Your name and account number

The dollar amount of the suspected error

• A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC

DEBTOR: CCS ASSET MANAGEMENT INC CASE NO: 21-10355

#### **CASH RECEIPTS AND DISBURSEMENTS STATEMENT FORM SB-2**

For Period: 09/01/21 to 09/30/21

CASH FLOW SUMMARY		Current <u>Month</u>	•	Accumulated
1. Beginning Cash Balance	\$	67,306.15	(1) \$	<b>36,413.38</b> (1)
2. Cash Receipts Operations Sale of Assets NOTE: See (B) Below: Loans/advances Other (Rent to Receiver)		0.00 0.00 0.00 6,030.74		30.33 0.00 0.00 47,122.96
Total Cash Receipts	\$	6,030.74	\$	47,153.29
3. Cash Disbursements Operations Debt Service/Secured loan payment Professional fees/U.S. Trustee fees Payments made from asset sale: NOTE: Se Other (Receiver Disbursements)	\$ e (C) Below.	128.62 0.00 0.00 0.00 1,821.44		543.18 0.00 250.00 0.00 11,371.78
Total Cash Disbursements	\$	1,950.06	\$	12,164.96
Net Cash Flow (Total Cash Receipts less     Total Cash Disbursements)	\$	4,080.68	\$	34,988.33
5 Ending Cash Balance	\$	71,386.83	(2) \$	<b>71,401.71</b> (2)
CASH BALANCE SUMMARY See Note (A) below	<b>'.</b>			Book
Petty Cash	N/A	ı	\$	0.00
DIP Operating Account	Account	6720	\$	4,237.21
DIP State Tax Account	N/A		\$	0.00
DIP Payroll Account	N/A		\$	0.00
Other Operating Account	Account 9227 \$		67,149.62	
Other Interest-bearing Account	N/A		\$	0.00
TOTAL (must agree with Ending Cash Balanc	e above)		\$	<b>71,386.83</b> (2)
Variance between Ending Cash Balance and	0.00			

<sup>(</sup>A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

<sup>(</sup>B) This figure should include the gross amount the seller receives from the sale. On a HUD-1, this would be I

<sup>(</sup>C) This figure should include all reductions paid by the debtor for the sale of of asset(s). On a HUD-1, this wo

<sup>(1)</sup> Accumulated beginning cash balance is the cash available at the commencement of the case Current month beginning cash balance should equal the previous month's ending balance

<sup>(2)</sup> All cash balances should be the same.

DEBTOR: CCS ASSET MANAGEMENT INC CASE NO: 21-10355

# Form SB-3 CASH RECEIPTS AND DISBURSEMENTS STATEMENT (SEE NOTE A) FOR THE PERIOD 9-01-21\_TO 9-30-21\_\_\_\_\_

CASH RECEIPTS DETAIL (attach additional sheets as necessary)

Account No: \*\*\*\*\*9227
\*RECEIVER ACCOUNT\*

		<u> </u>		
Date	Payer	Description		Amount
9/10/2021	Dr Mason	Rent	\$	1,500.00
9/14/0221	Dr Mason	Rent	\$	1,500.00
22-Sep	Dr Mason	Rent	\$	1,500.00
29-Sep	Dr Mason	Rent	\$	1,530.74
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		Total Cash Receipts	\$	<b>6,030.74</b> (1)

(A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

<sup>(1)</sup> Total for all accounts should agree with total cash receipts listed on Form SB-2.

DEBTOR: CCS ASSET MANAGEMENT INC 21-10355

# Form SB-4 CASH RECEIPTS AND DISBURSEMENTS STATEMENT (SEE NOTE A) \*RECEIVER ACCOUNT\*

CASH DISBURSEMENTS DETAIL	Account No:	****9227
(attach additional sheets as necessary)		

Date	Check No.	Payee	Description (Purpose)	Amount
9/10/2021	4544	Central Texas Refuse	Trash Service	\$ 694.64
			Insurance for CRP	1,126.80
9/8/2021	4543	Travelers	Insurance for CRP	\$ 1,120.80
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**Total Cash Disbursements \$** 

**\$1,821.44** (1)

(A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

(1) Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

DEBTOR: CCS ASSET MANAGEMENT INC 21-10355

# Form SB-4 CASH RECEIPTS AND DISBURSEMENTS STATEMENT (SEE NOTE A) \*DIP ACCOUNT\*

CASH DISBURSEMENTS DETAIL Account No: (attach additional sheets as necessary)

o: **725316720** 

Date	Check No.	Payee	Description (Purpose)		Amount
				\$	
9/1/2021	N/A	Farmers	Other Prop. Insurance	\$	59.62
8/19/2021	N/A	GC Plumbring	Maintanance	\$	69.00
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Total Cash Disbursement \$

\$128.62

<sup>(</sup>A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

<sup>(1)</sup> Total for all accounts should agree with total cash disbursements listed on Form SB-2

DEBTOR:	CCS ASSET MANAGEMENT INC	
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## Form SB-4 CASH RECEIPTS AND DISBURSEMENTS STATEMENT (SEE NOTE A)

	EMENTS DETAIL		Account No:	676089227
h additional	sheets as necessa	ary)		
Date	Check No.	Payee	Description (Purpose)	Amount
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\$0.00

Total Cash Disbursement:\$

(A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

<sup>(1)</sup> Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

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DEBTOR: **CCS ASSET MANAGEMENT INC**  of 18

**CASE NO:** 

21-10355

#### Form SB-5 COMPARATIVE BALANCE SHEET

For Period Ended: 07/30/21 Petition Current **ASSETS** Month Date (1) **Current Assets:** 38,749.00 Cash and Cash Equivalents (from Form 2-B, line 5) 71,386.83 Accounts Receivable (from Form 2-E) 0.00 0.00 Receivable from Officers, Employees, Affiliates 0.00 0.00 0.00 0.00 Inventory Other Current Assets :(List) 0.00 0.00 0.00 0.00 **Total Current Assets** 71,386.83 38,749.00 **Fixed Assets:** 2,961,773.00 Land 2,961,773.00 Building Equipment, Furniture and Fixtures **Total Fixed Assets** 2,961,773.00 2,961,773.00 Less: Accumulated Depreciation **Net Fixed Assets** 2,961,773.00 2,961,773.00 Other Assets (List): **TOTAL ASSETS** 3,000,522.00 3,033,159.83 **LIABILITIES Post Petition Liabilities:** Post-petition Accounts Payable (from Form 2-E) \$ 0.00 \$ 0.00 80,000.00 Post-petition Accrued Profesional Fees (from Form 2-E) 0.00 Post-petition Taxes Payable (from Form 2-E) 0.00 0.00 Post-petition Notes Payable 0.00 0.00 Other Post-petition Payable(List): UST 250.00 **Total Post Petition Liabilities** 80,250.00 0.00 **Pre Petition Liabilities:** Secured Debt 735,661.19 735,661.19 Priority Debt **Unsecured Debt** 769,031.00 769,031.00 **Total Pre Petition Liabilities** 1,504,692.19 1,504,692.19 TOTAL LIABILITIES 1,504,692.19 1,584,942.19 **OWNERS' EQUITY** Owner's/Stockholder's Equity 1,448,217.64 1,495,829.81 Retained Earnings - Prepetition Retained Earnings - Post-petition **TOTAL OWNERS' EQUITY** 1,448,217.64 1,495,829.81 **TOTAL LIABILITIES AND OWNERS' EQUITY** 3,033,159.83 3,000,522.00

\$

0.00

\$

0.00

VARIANCE (ASSETS - LIABILITIES +- CAPITAL) MUST BE \$0

<sup>(1)</sup> Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

DEBTOR: CCS ASSET MANAGEMENT INC CASE NO: 21-10355

# Form SB-6 PROFIT AND LOSS STATEMENT

For Period 09/01/21 to 09/30/21

		Current <u>Month</u>	,	Accumulated <u>Total (1)</u>
Gross Operating Revenue	\$	6,030.75	\$	41,122.55
Less: Discounts, Returns and Allowances	(	)	(	)
Net Operating Revenue	\$	6,030.75	\$	41,122.55
Cost of Goods Sold		0.00		0.00
Gross Profit	\$	6,030.75	\$	41,122.55
Gross Profit Margin		100.00%		100.00%
Operating Expenses				
Officer Compensation	\$	0.00	\$	0.00
Selling, General and Administrative		0.00		0.00
Rents and Leases		0.00		0.00
Depreciation, Depletion and Amortization		0.00		0.00
Other (list): Receiver Payments		1,821.44		11,371.78
Debtor Payments		128.62		793.18
Total Operating Expenses	\$	1,950.06	\$	12,164.96
Operating Income (Loss)	\$	4,080.69	\$	28,957.59
Non-Operating Income and Expenses				
Other Non-Operating Expenses	\$	0.00	\$	0.00
Gains (Losses) on Sale of Assets	,	0.00		0.00
Interest Income		0.00		0.00
Interest Expense		0.00		0.00
Other Non-Operating Income		0.00		0.00
Net Non-Operating Income or (Expenses)	\$	0.00	\$	0.00
Reorganization Expenses				
Legal and Professional Fees	\$	20,000.00	\$	80,000.00
Other Reorganization Expense		0.00		250.00
Total Reorganization Expenses	\$	20,000.00	\$	80,250.00
Net Income (Loss) Before Income Taxes	\$	(15,919.31)	\$	(51,292.41)
Federal and State Income Tax Expense (Benefit)				
NET INCOME (LOSS)	\$	(15,919.31)	\$	(51,292.41)

<sup>(1)</sup> Accumulated Totals include all revenue and expenses since the petition date.

NOTE: IF USING EXCEL, ALL LINES MUST CONTAIN A NUMBER.

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DEBTOR: 44440	CASE NO:	21-10355
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## Form SB-7 DISBURSEMENT SUMMARY

For the Month Ended: 9/30/2021 0:00

Grand Total disbursements from all accounts	\$ 1,950.06
Total Disbursements from and from Receiver Account (Note 4)	\$ 1,821.44
Total Disbursements from Tax Escrow Account (Note 3)	\$ 0.00
Total Disbursements from Payroll Account (Note 2)	\$ 0.00
Total Disbursements from Operating Account (Note 1)	\$ 128.62

NOTE 1 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the general operating account. Exclude only transfers to the debtor in possession payroll account, the debtor in possession tax escrow account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 2 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the payroll account. Exclude only transfers to the debtor in possession operating account, the debtor in possession tax escrow account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 3 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the tax escrow account. Exclude only transfers to the debtor in possession operating account, the debtor in possession payroll account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 4 - Include in this amount any other disbursements made by the debtor including (but not limited to) cash paid from a petty cash fund or cash register, amounts paid from any other debtor in possession account, and amounts paid from the accounts of others on the debtors behalf (for example, disbursements made from a law firm's escrow account as a result of a sale of property.)

#### **FEE SCHEDULE**

In accordance with the Bankruptcy Judgeship Act of 2017, Pub. L. No. 115-72, the following website link will take you to schedules which will apply for the calendar quarters beginning January 1, 2018 through September 30, 2018.

www.justice.gov/ust/chapter-11-quarterly-fees

Interest will be assessed on Chapter 11 quarterly fees not paid by the end of the month following the end of the calander quarter pursuant to 31 U.S.C. Sec. 3717. The interest rate assessed is the rate in effect as determined by the Treasury Department at the time the account becomes past due.

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

DEBTOR:	CCS ASSET MANAGEMENT INC		CASE NO:	21-10355	
	Form	SB-8			
	NARR	ATIVE			
	R THE PERIOD	09-30-21			

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

The Court held hearing on (a) Hoberman motions to dismiss bankruptcy case, relief from stay, and to abstain and (b) Debtor motions regarding turnover of property of the estate. The Court indicated that he would set a show cause hearing for dismissal of the bankruptcy case on grounds of a bad faith filing and abstain on all matters other than the effect of 4709 Incorporated's plan of reorganization on Hoberman's asserted liens. The hearing is set for November 10, 2021.				